



California Public Employees' Retirement System
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Circular Letter

November 14, 2014

TO: STATE CONTROLLER'S OFFICE, CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE (CDFA) & ALL ASSOCIATED DISTRICTS, CALIFORNIA EXPOSITION & STATE FAIR, CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM (CALSTRS), MILITARY DEPARTMENT, ASSEMBLY RULES COMMITTEE, SENATE RULES COMMITTEE, JOINT LEGISLATIVE AUDIT COMMITTEE, JOINT LEGISLATIVE BUDGET COMMITTEE, ANTHEM BLUE CROSS, BLUE SHIELD OF CALIFORNIA, HEALTH NET, SHARP HEALTH PLAN, & UNITEDHEALTHCARE

SUBJECT: 2015 PAY ENTITY HEALTH PREMIUM BILLING AND PAYMENT INSTRUCTIONS

Introduction

The purpose of this letter is to provide clarifying information regarding the health benefit premium billing and payment process for the non-centralized agencies, Non-Kaiser Health Maintenance Organization (HMO), and Preferred Provider Organization's (PPO) premium contributions.

Effective January 1, 2015 CalPERS has implemented a new process for which all non-centralized agencies will no longer receive the HMO Capitation Premium Billing Statement from CalPERS that directs agencies to remit Capitation premium payments to the health plan carriers. The agencies will now receive from CalPERS, via U.S. Mail, A Health Premium Statement and a CalPERS Administrative Fee Invoice generated on the agency's employees and annuitants health benefit plan enrollments. Bills should be paid in full and the agencies should work with CalPERS to resolve any discrepancies. Any adjustments will be posted to subsequent invoice(s) and/or statement(s).

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**Health
Premium
Statement**

The Health Premium Statement reflects the amount payable for the total health benefit premiums including Capitation. The Health Premium Statements are applicable to Anthem Blue Cross (PPO), Anthem Blue Cross (HMO), Blue Shield of California, Health Net, Sharp Health Plan, and UnitedHealthcare health plans.

The Health Premium payment is due to CalPERS by the 5th of the coverage month. The non-centralized agency shall may all checks payable to CalPERS and remit that payment along with a copy of the Health Premium Statement to the following address:

**CalPERS – HCF 0822
P.O. Box 4032
Sacramento, CA 95812-4032**

**CalPERS
Administrative
Fee Invoice**

The CalPERS Administrative Fee Invoice will reflect the amount due from the non-centralized agencies in accordance with Section 22885, 22901, 22899 of the Government Code which states contracting agencies in the Public Employees' Medical and Hospital Care Act (PEMHCA) program are required to pay an administrative fee to reimburse the costs incurred by the CalPERS board for operating the health benefits program. This fee is applicable to those agencies whose premium rates are guaranteed through CalPERS negotiations and remit their premiums to CalPERS as well as those who remit their premiums directly to the health carriers. The fee is a predetermined percentage of the amount of the agencies total monthly health insurance premiums. The State of California Budget Act Section 4.20 states the administrative fee for the given year

The CalPERS administrative Fee is due to CalPERS by the 5th of the coverage month. The non-centralized agency shall make all checks payable to CalPERS and remit that payment along with a copy of the Administrative Fee Invoice to the following address:

**CalPERS – HCF 0822
P.O. Box 4032
Sacramento, CA 95812-4032**

**Direct Pay:
Premiums &
Payments**

Direct Pay Authorization i.e., Leave of Absence (LOA), COBRA, and Cal-COBRA premiums are the responsibility of the Subscriber. The health plan carrier will direct bill the Subscriber based on their health plan enrollment prior to the coverage month for which premiums are due. If the Subscriber is intending on continued coverage, in any coverage month, it is the Subscriber responsibility to ensure payment is made to the health plan carrier whether or not he/she receives a bill. It is the health plan carriers' responsibility to ensure that payments are received and applied according to the Subscribers health plan enrollment.

Subscribers should make all checks payable to the applicable health plan carrier by the due date provided in the billing statement and remit that payment along with a copy of the billing statement to the following address as appropriate:

PPO Plan	Contact Information
PERS Care	Anthem Blue Cross File 29698 Los Angeles, CA 90074-9698
PERS Choice	
PERS Select	
HMO Plan	Contact Information
Anthem Blue Cross	Anthem Blue Cross File 29698 Los Angeles, CA 90074-9698
Health Net	Health Net, Inc. P.O. Box 894702 Los Angeles, CA 90189-4702
Sharp Health Plan	Sharp Health Plan Attention: Jennifer Staples/Paul Piche 8520 Tech Way, Suite 200 San Diego, CA 92123
UnitedHealthcare	UnitedHealthcare of California P.O. Box 713075 Cincinnati, OH 45271-3075
Blue Shield of California	Blue Shield of California P.O. Box 51827 Los Angeles, CA 90051-6127

**Direct Pay:
Contacts**

For questions and concerns regarding Direct Pay billing statements for PPO health benefit plans, please contact the following:

**Anthem Blue Cross
P.O. Box 629
Woodland Hills, CA 91365
Mail Drop – CAAC02-02B**

For questions or information regarding Direct Pay Premiums and Payments for the Non- Kaiser HMO health benefit plans, please contact the following as appropriate:

Plan	Address
Anthem Blue Cross	Anthem Blue Cross P.O. Box 629 Woodland Hills, CA 91365 Mail Drop – CAAC02-02B

Plan	Address
Health Net	Health Net, Inc. Attn: Membership Accounting-CP Unit MSC CA-903-02-05 11971 Foundation Place Bldg. C Rancho Cordova, CA 95670 Tel. # (888)926-4921 TTY (888)926-5003
Sharp Health Plan	Sharp Health Plan Attention: Jennifer Staples/Paul Piche 8520 Tech Way, Suite 200 San Diego, CA 92123 Tel. # (858)499-8201 and 8204
UnitedHealthcare	UnitedHealthcare P.O. Box 713075 Cincinnati, OH 45271-3075 Tel. # (877)359-3714
Blue Shield of California	Blue Shield of California PO BOX 51827 Los Angeles, CA 90051-6127 Tel. # (800)334-5847

**CalPERS
Contact
Information**

For questions and/or information regarding the HMO Capitation Billing Statement and/or the Health Premium Statement, please contact the following:

Telephone inquiries:

888 CalPERS (888-225-7377)

Written inquiries:

**CalPERS – Health Plan Administration Division
Health Plan Operations
P.O. Box 1953
Sacramento, CA 95812-1953**

For questions or information regarding payment collection, remittance and/or financial reporting as it relates to the HMO Capitation Billing Statement, the Health Premium Statement and the Administrative Fee Invoice payments, please contact the following:

Telephone inquiries:

888 CalPERS (888-225-7377)

Written inquiries:

**CalPERS – Fiscal Services Division
Affiliate Program Accounting
P.O. Box 942703
Sacramento, CA 94229-2703**

For questions or information regarding health enrollment and eligibility as it relates to the HMO Capitation Billing Statement and the Health Premium Statement, please contact the following:

Telephone inquiries:
888 CalPERS (888-225-7377)

Written inquiries:
**CalPERS – Health Account Services
Enrollment and Eligibility
P.O. Box 942715
Sacramento, CA 94229-2715**

**Non-
Centralized
Agencies
Contact
Information
Updates**

The non-centralized agency statement(s) and invoice(s) are generated through my|CalPERS using the main Health Benefit Officer's contact information. For accurate delivery, please update the agency's mailing information through my|CalPERS to reflect the preferred contact, street address or P.O. box, city, state, and ZIP code.

KATHY DONNISON, Chief
Health Plan Administration Division

Enclosures:
Health Premium Statement
CalPERS Administrative Fee Invoice